

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



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Slides for today's webinar are available on the CIHS website at:

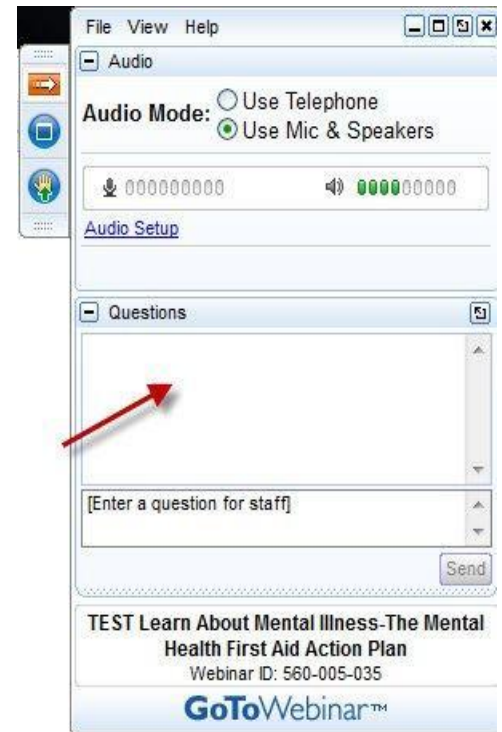
<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>

How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



MAI-CoC RFA

Executive Summary (page 5)

....The purpose of this jointly funded program is to integrate care (behavioral health treatment, prevention, and HIV medical care services) for racial/ethnic minority populations at high risk for behavioral health disorders and high risk for or living with HIV.

Included in Outcome expectations, (page 8):

8) increased adherence and retention in behavioral health (both substance use and mental disorders) treatment

....Applicants must screen and assess clients for the presence of co-occurring mental and substance use disorders as well as HIV and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Opportunities for Integrated Care

December 15, 2015

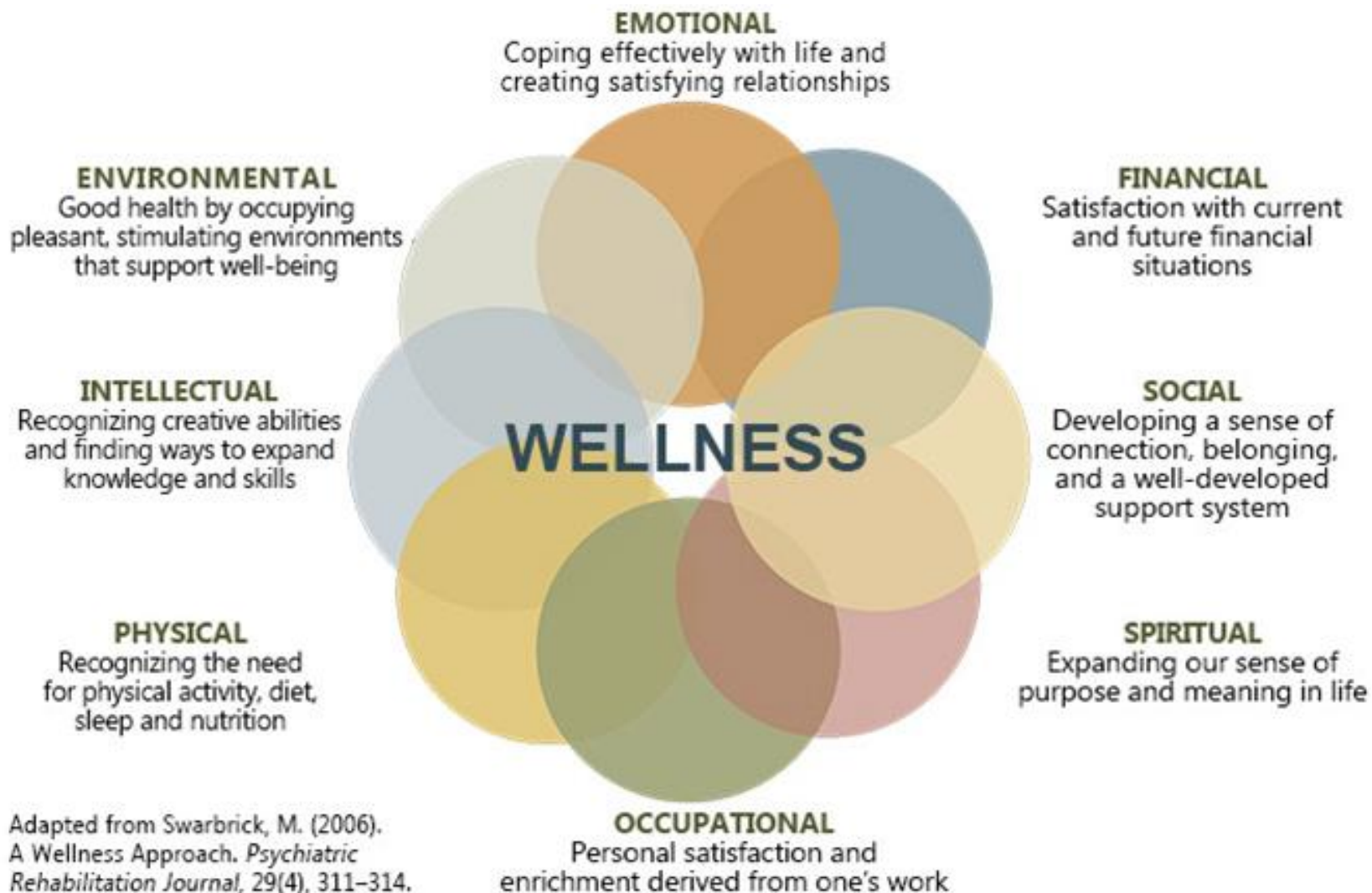
Poll Questions

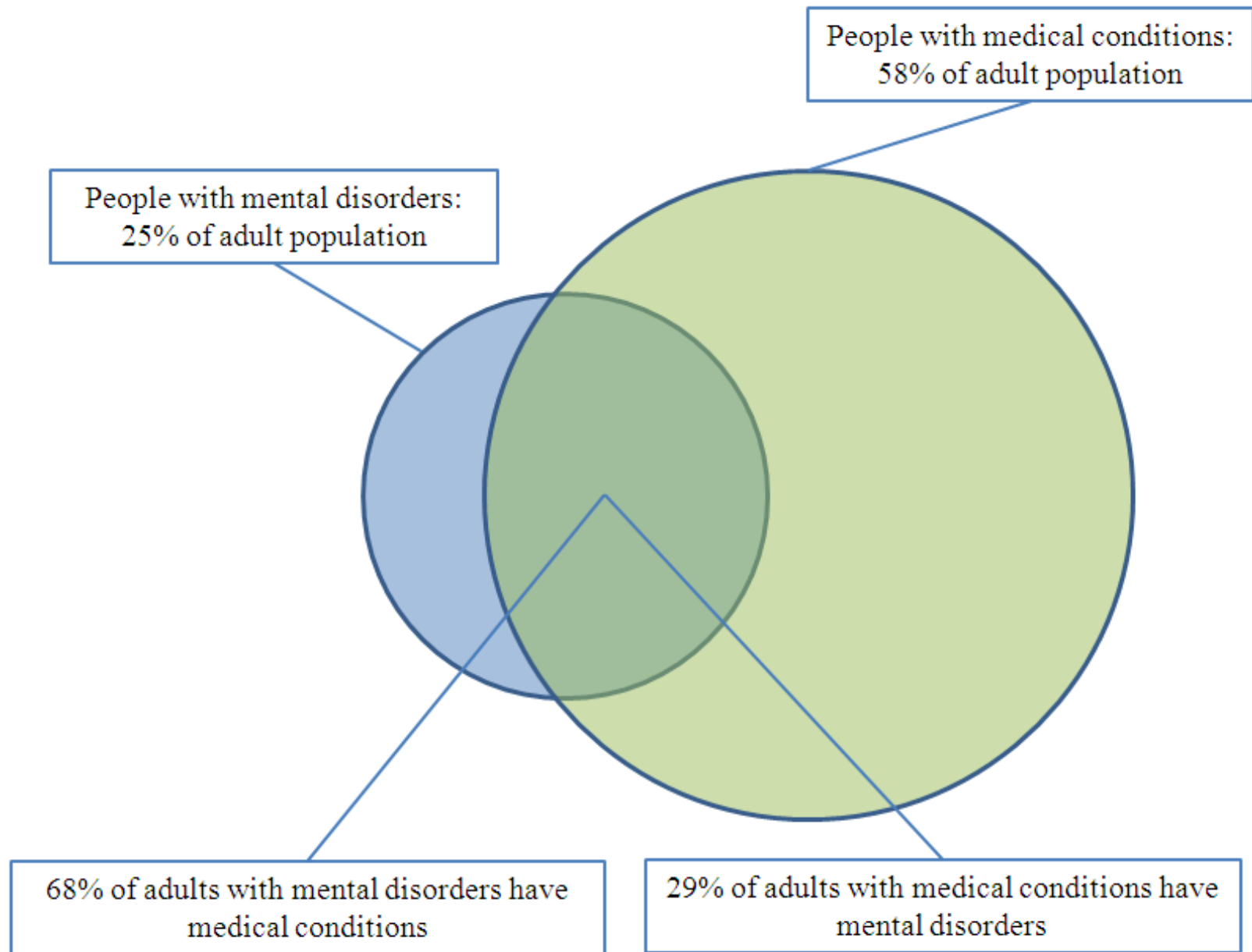
1. We have protocols in place to screen for substance use and mental illness.
2. We have systems in place to treat people living with HIV, substance use and mental illness.
3. Our clients feel comfortable and safe talking about their substance use and mental illness.

Learning Objectives

At the end of this session, grantees will be able to:

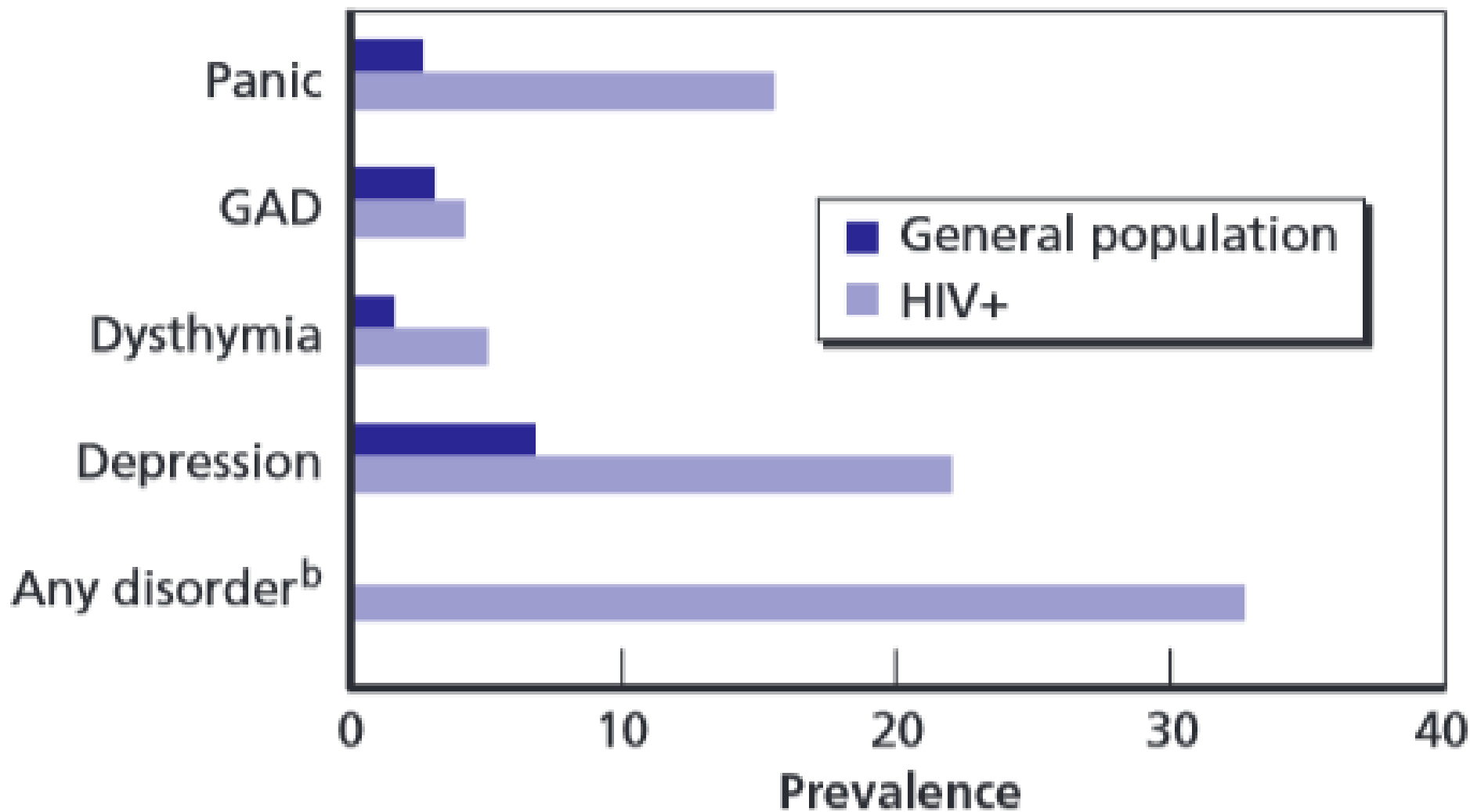
- ✓ The most prevalent co-occurring disorders for persons living with HIV
- ✓ Assessing clients with co-morbid conditions
- ✓ Evidence-based treatment modes for persons with co-occurring disorders
- ✓ Practice principles for integrated treatment of Co-Occurring Disorders
- ✓ Engaging and retaining the clients with co-morbidity in treatment



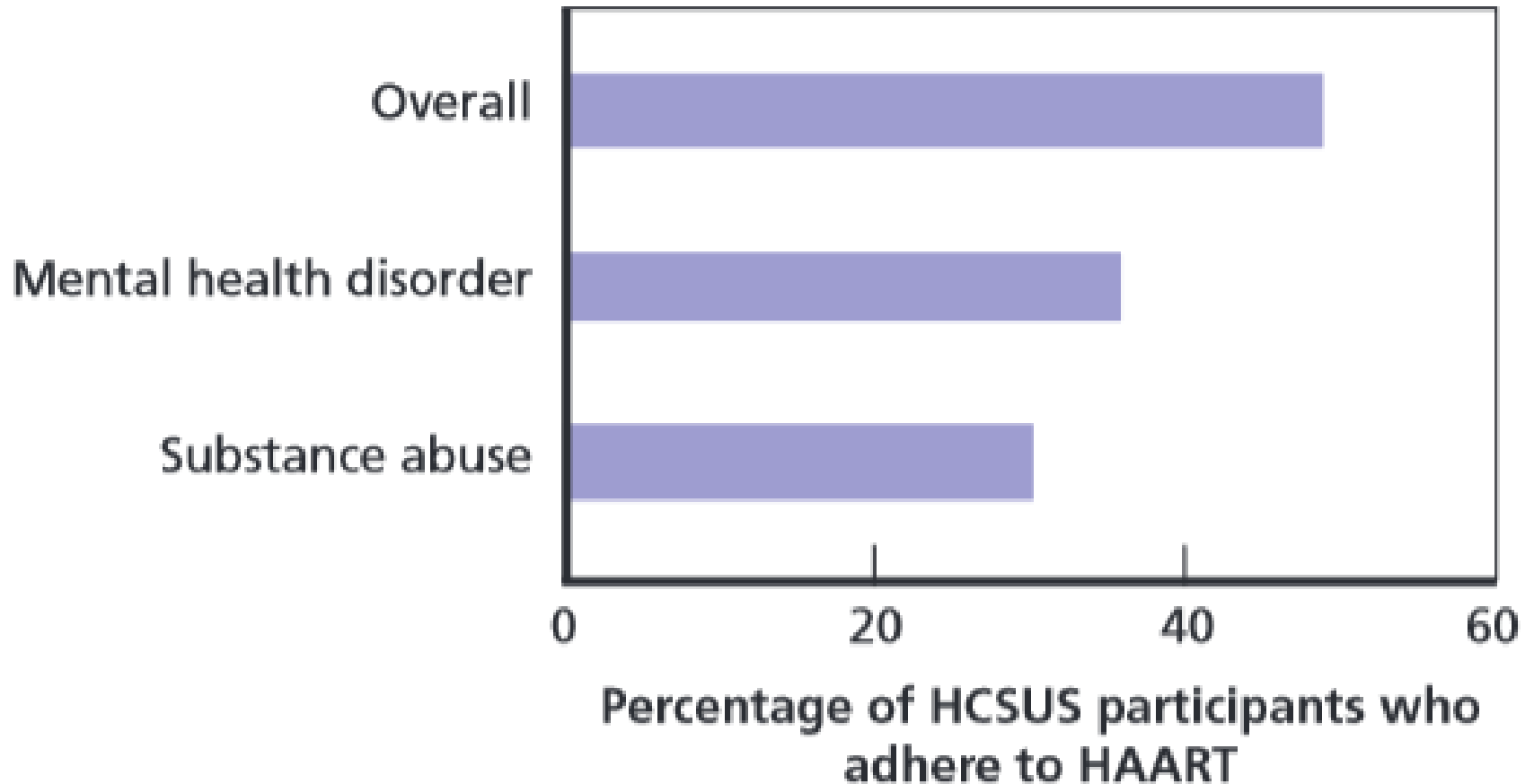


Source: Druss & Walker. "Mental disorders and medical comorbidity." The Robert Wood Johnson Foundation Synthesis Project, February 2011.

integration.samhsa.gov



Source: Rand Corporation. 2007 Mental Health and Substance Abuse Issues Among People with HIV: Lessons from HCSUS. Santa Monica, CA: Author; 2007.



Source: Rand Corporation. 2007 Mental Health and Substance Abuse Issues Among People with HIV: Lessons from HCSUS. Santa Monica, CA: Author; 2007.

Why is the important?

- Increased risk behavior
- Engagement and retention in care
- Adherence to treatment
- Impact on quality of life
- Interference with healthy living



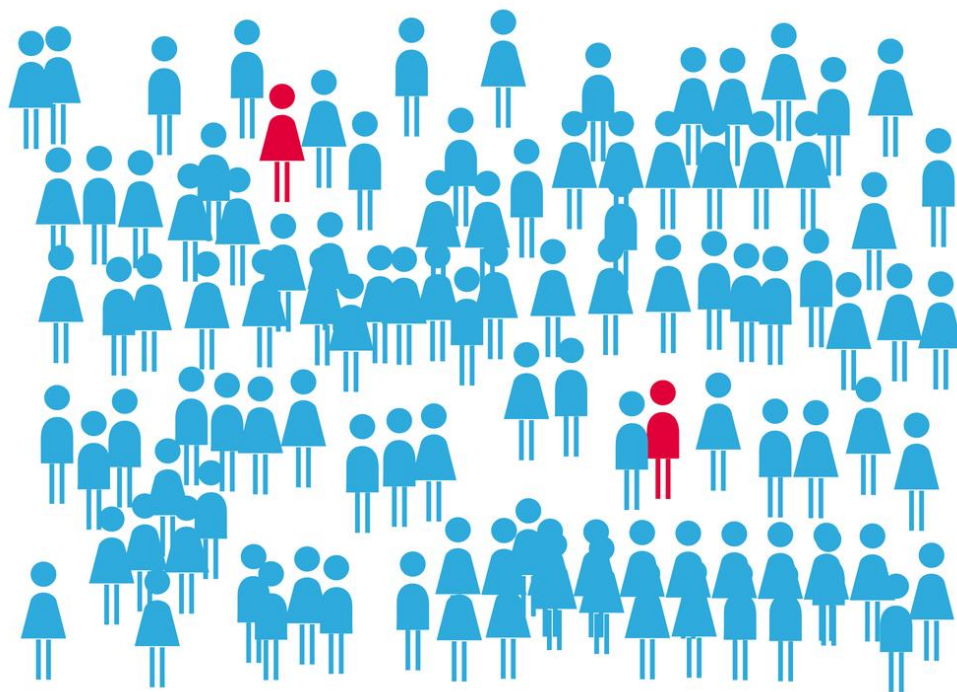
Early Identification

integration.samhsa.gov

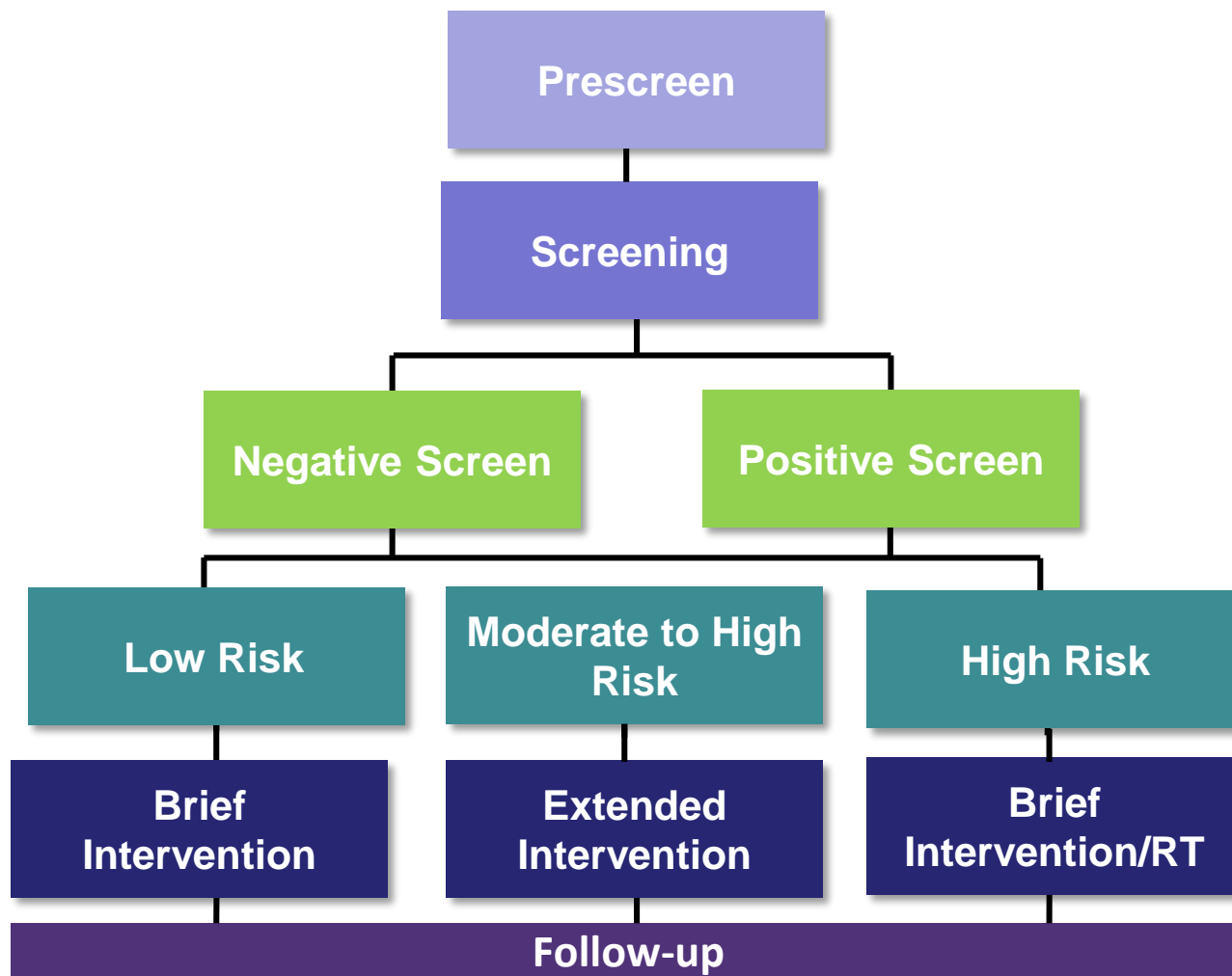
Essential Steps

- **Screening** to identify patients at-risk for developing substance use disorders.
- **Brief Intervention** to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.
- **Referral and Linkage to Treatment** to facilitate access to specialized treatment services and coordinate care between systems for patients with higher risk and/or dependence.

SBIRT Paradigm Shift




SBIRT Workflow



Screening

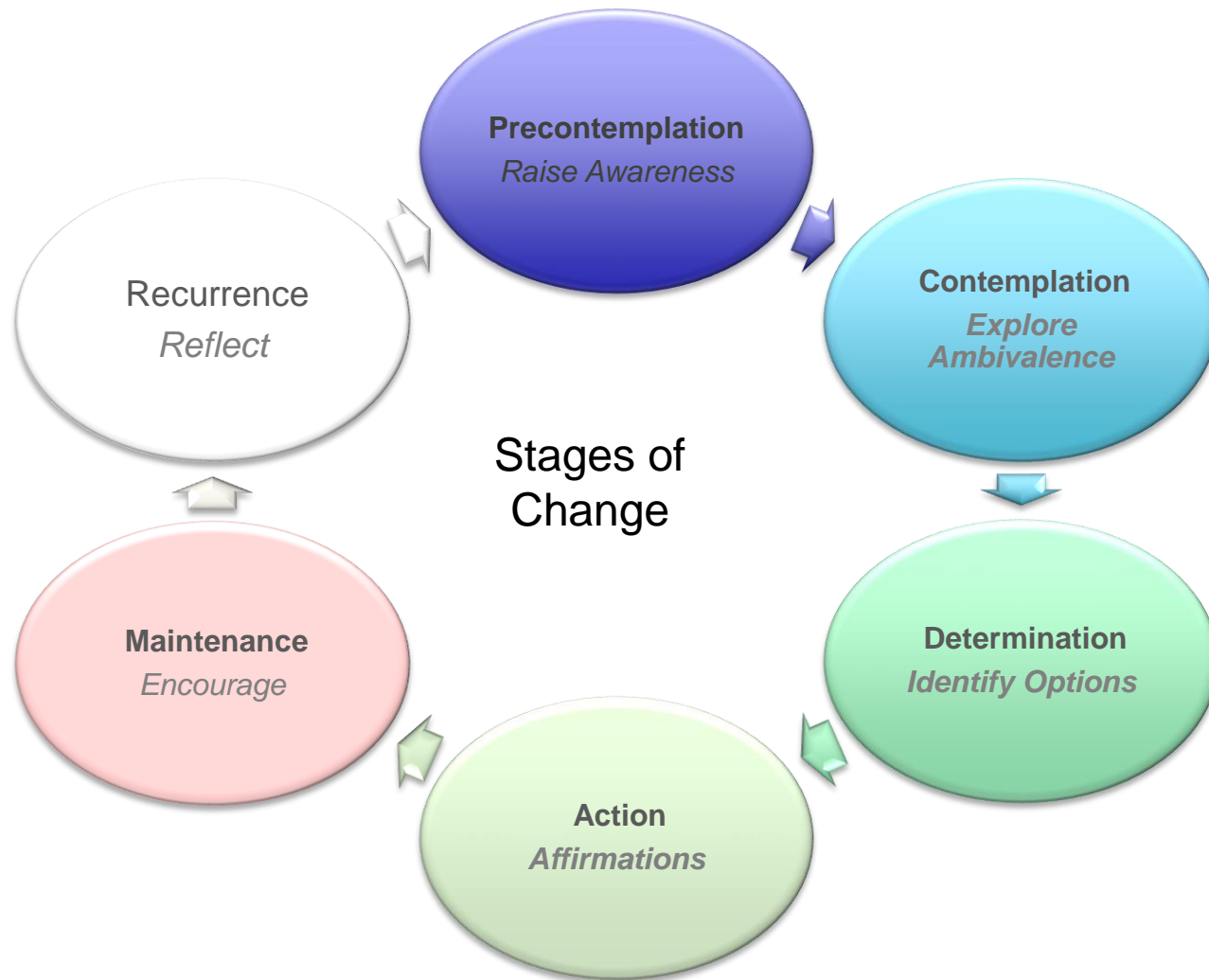
- NIAAA and NIDA single item questionnaire
- SAMISS
- ASSIST
- AUDIT
- DAST
- PhQ9



health
and
wellness

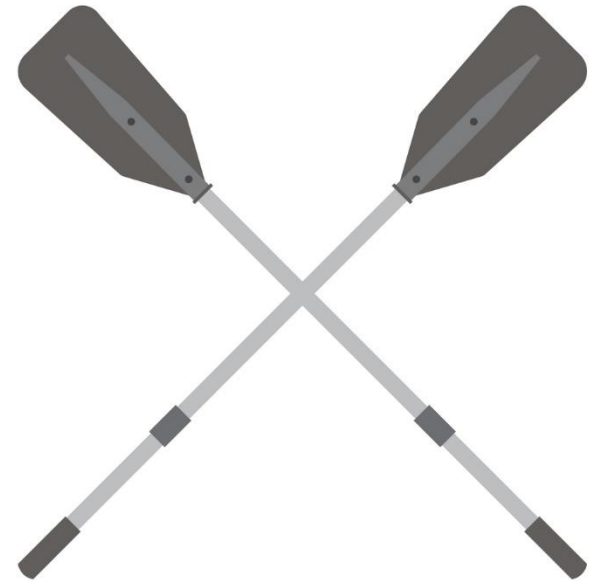
Brief Intervention

1. Raise the Subject
2. Provide Feedback
3. Enhance Motivation
4. Develop a Plan



Motivational Interviewing

1. Open ended questions
2. Affirmation
3. Reflections
4. Summaries



Referral and Linkage to Treatment: Considerations

Availability of resources for treatment

Knowledge by staff on available resources

Relationships with treatment providers

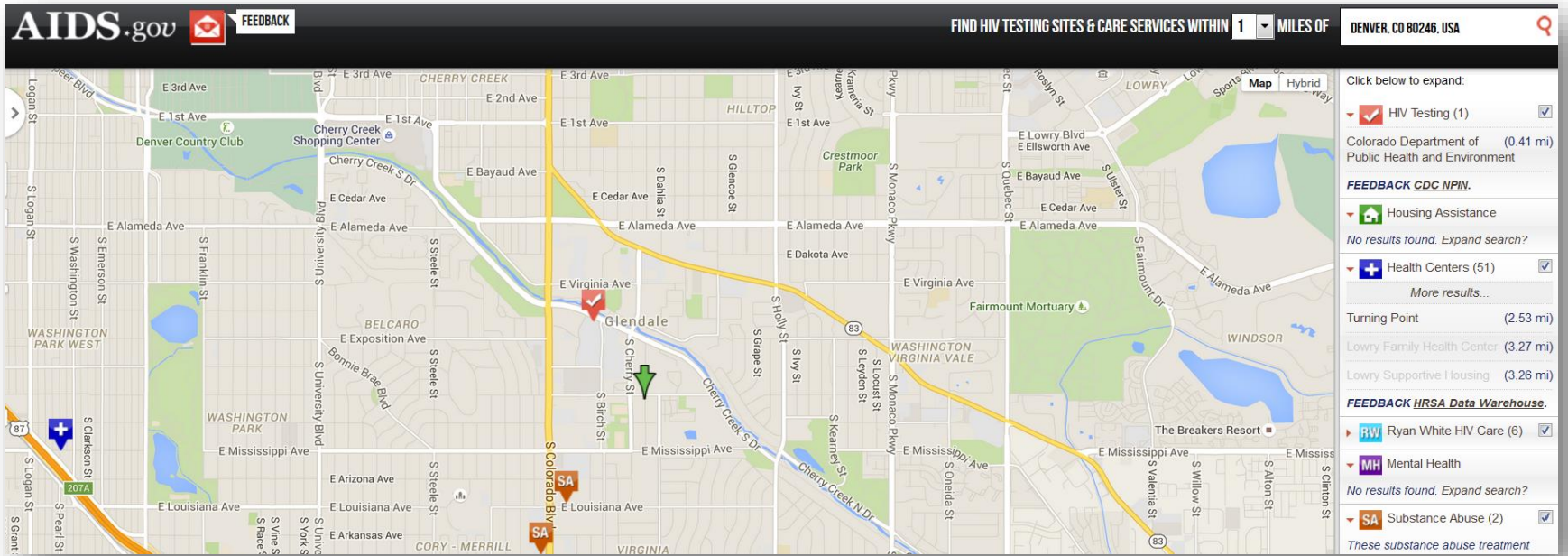
Personalize the process:

- **Facilitate** call to the treatment provider with patient
- **Assure** the appointment is made
- **Assist** with barriers to accessing treatment
- **Avoid** just handing patient “a piece of paper”
- **Document** referral source and date of appointment
- **Follow-up** and provide reminders –release of information to follow-up

Treatment Modalities

- Medication Assisted Treatment
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Serotonin Reuptake Inhibitor
- Serotonin and Norepinephrine Reuptake Inhibitor

Treatment Locator



HIV Testing Housing Health Settings Ryan White HIV Care Substance Use Family Planning



NREPP

SAMHSA's National Registry of
Evidence-based Programs and Practices

Filter Listing:

substance use HIV

Search Results

Results are listed in two groups: Newly reviewed programs and Legacy programs. Legacy programs refer to the 356 programs that were on the NREPP website as of September 2015. The program profiles of each are displayed in different formats.

Newly Reviewed Programs

This section of the search results page lists programs that meet search criteria and were reviewed under the new review criteria. Those programs have been reviewed after September 2015.

[View All Programs](#)
(22)

[View Programs
with Effective
Outcomes \(11\)](#)

[View Programs
with Promising
Outcomes \(20\)](#)

[View Programs
with Ineffective
Outcomes \(10\)](#)

[Filter Results](#)

Showing Page 1 of 5

Records per page ▼

Title	Evidence Rating (by Outcomes)	Implementation/Dissemination
Accelerated Resolution Therapy	<ul style="list-style-type: none"> ✓ Depression and Depressive Symptoms ✓ Personal Resilience/Self-concept ✓ Trauma and Stressor-related Disorders and Symptoms ✓ Disruptive Behavior Disorders and Externalizing/Antisocial Behaviors ✓ General Functioning and Well-being ✓ Phobia, Panic, and Generalized Anxiety Disorders and Symptoms ✓ Sleep and Wake Disorders and Symptoms ✓ Unspecified and Other Mental Health Disorders and Symptoms 	<p>Implementation materials available</p> <p>Dissemination materials available</p>

Positive Impact Health Centers, Inc.

Managing Co-Occurring Disorders in a
SAMHSA CoC grant

Merging of Two Phenomenal Agencies

March 1, 2015

Positive Impact, Inc.
Founded 1993 in Atlanta to provide MH services for people affected by HIV

By 2015, each year the agency provided:

- HIV prevention services and HIV/STI testing to over 4,000
- IMPACT, licensed substance abuse treatment program, to 75
- Behavioral Health services in 4 HIV primary care settings
- Comprehensive behavioral health services (individual, couples, group & psychiatry) to 600
- Training 250 behavioral health professionals

AID Gwinnett/Ric Crawford Clinic
Founded in 1990 to provide HIV care to PLWHA in North Metro-Atlanta

By 2015, each year the agency provided:

- HIV prevention services and HIV/STI testing to over 1500
- HIV Specialty Care to 800 in two locations
- Case management and patient advocacy to all patients
- Wrap around services including transportation and housing support



SAMHSA Continuum of Care Pilot: FUSE Facilitating United Service Efforts

Bringing together behavioral health, prevention and
primary care



Populations of Focus

African American and Latino men and women, gay and bisexual men, transgendered individuals, and substance abusers.

Veterans and their families will also be served.

Areas of Focus

- Co-locating HIV primary care and behavioral health
- Substance abuse prevention/HIV prevention: CLEAR
- Mental health and substance abuse counseling
- Substance abuse treatment navigation services
- Substance abuse treatment: IOP, CCP, and New Beginnings
- HIV/Hepatitis testing, Hepatitis vaccination
- Wrap-around recovery support and retention

Primary Modes of Service Entry

No Wrong Door

Prevention: HIV/Hep/STI testing

Mental Health: Individual & Couples Psychotherapy and Psychiatry

Addictions: IOP, CCP, Risk Reduction (through community outreach and local jails)

Primary HIV care

SBIRT

FUSE Year One Progress

- Prevention:
 - HIV testing: 100
 - Hepatitis C testing: 94
 - Hepatitis A&B vaccination: 25
 - CLEAR intervention: 10 completed series
- Mental health: 48
- Substance abuse/COD:
 - Treatment navigation: 104
 - Outpatient drug/alcohol treatment: 56
- Peer support: 114
- Primary care: 33

The Complexity of Co-Occurring Disorders

- The link between mental health and substance abuse
 - One may contribute to the other
 - Depression is “relieved” by a substance; alcohol may increase socialization abilities; marijuana may regulate manic symptoms
 - Long-term substance abuse can change brain chemistry
- HIV can exacerbate either or both disorders
 - Increased psychological distress
 - Some illicit drugs known to increase replication of virus
- Integrating treatment – disorders need to be addressed concurrently for improved health outcomes

The Case of William

- 30 year old, AA, Gay-identified male
- Presents for HIV testing, confirmed HIV positive
- Screened for high-risk behavior, MH, SA, primary care needs

William in Prevention

- Engages in anonymous sex weekly, typically while using methamphetamine intravenously
- Offered enrollment in CLEAR (Choosing Life: Empowerment! Action! Results!) which is conducted by prevention staff trained in CLEAR implementation
 - Goal: Promoting healthy living and more productive choices
 - Skill development for living with HIV
 - Sexual risk, SA, medication adherence, disclosure, and stigma
- Referred to clinical services for HIV primary care and the treatment navigator for SA
 - Initial primary care appointment is scheduled for following week
 - Treatment navigator called to meet with William then and there and scheduled appointment for the next day to complete documentation

William in Addiction Services

- At registration, Treatment Navigator completes DCI and conducts motivational interviewing
- Assessed for ASAM level of care needed
- Deemed appropriate for outpatient treatment services
 - IMPACT – a licensed, 3-phase, 12 month drug and alcohol treatment and education program
 - Handling relapses
 - Treatment team
- Assigned MH and/or SA counselor
- Offered and received Hepatitis C testing and A&B vaccination series in Prevention department and RHHT completed

William in Addiction Services (cont'd)

Monday		Tuesday	Wednesday	Thursday	Friday
Process Group 1:00-2:30		Creative Process (Tavye/Netta) 1:00-2:15	Mindfulness & Movement (Rebecca/Franco/ Gwen) 1:00-2:00	NO IOP GROUPS	Anger Management (Rolisha/Naomi) 1:00-2:00
Malochee/ Jamesia	Jennifer/ Zoe				Break
Seeking Safety/Yoga (Tom/Meryl/Zoe) 2:45-4:00		HIV Education Diann/Ashley 2:30-3:30	Healthy Relationships (Nydia/Devondra) 2:15-3:30		12-Step (Robert) 2:15-3:00
15 minute break			15 minute break		
Relapse prevention (Debbie/Mary Railey) 4:15-4:50	Sustaining Mental Health (Victoria/Devondra) 3:45-4:45	Addiction Education (Robert/Ashley) 3:45-4:45	Weekend Planning (Robert/Jamesia) 3:15-3:45		
Clean up 4:50-5:00	Clean up 4:30-5:00	Clean up 4:45-5:00	Clean up 3:45-4:00		
Continuing Care (Debbie/James)		Continuing Care (Debbie/Netta)			

William in Mental Health

- MH/SA counselor conducts behavioral health assessment, diagnostic interview with life history (family, social, mental health, medical, employment, and legal)
- Assessed with 10 year history of depression and chronic substance abuse – Was one of disorders first? Does it matter?
- Based upon assessment and history of untreated depression, he is referred to the agency's psychiatrist
- SMART treatment plan developed to address 5 life areas – MH, SA, medical, legal, and CM

William in Primary Care

- Nurse case manager assesses medical history
- Blood/lab tests conducted to obtain baseline measures for HIV and medication determination
- Lab results indicate CD4 of 320, viral load of 10K
- Placed on Atripla based on his genotypes and phenotypes
- As he continues to obtain project services, the nurse case manager keeps track of his appointments and works with him on adherence

William's Outcome

- Consistently attended IMPACT program
- Placed in transitional housing
- Experienced a relapse
- Processed with MH/SA counselor and treatment plan updated to address factors contributing to relapse
- Addressed underlying MH issues that fueled SA
- Became employed
- Completed the IMPACT program with sustained recovery within 18 months and continues MH/SA counseling
- HIV is undetectable with a CD4 of 700+
- He is healthy, productive, and HAPPY



Questions

Additional Questions

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Additional Comments?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org or MAI-COC-TA@mayatech.com

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





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Thank you for joining us today.

**Please take a moment to provide your
feedback by completing the survey at the
end of today's webinar.**